**DEBRIEFING FORM**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Debriefing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present:

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| --- | --- | --- | --- |
| Name | Position | Signature | Has the staff completed restraint training? |
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1. Give a brief description of the circumstances (antecedents) leading up to this incident.
2. Give a summary of the incident.
3. What was the intervention used?
4. What was the outcome?
5. From information gained what changes (if any) should be made?
6. Has a support plan been initiated? \_\_\_Yes \_\_\_No

If yes, who was contacted?

1. If applicable, how will the support plan affect any of the following:

* Behavior intervention plan (BIP)
* 504 plan
* Individualized Education plan (IEP)
  + Does the team need to reconvene?

If yes, name of person responsible for notifying the team

BIP \_\_\_Yes \_\_\_Date \_\_\_N/A

504 \_\_\_Yes \_\_\_Date \_\_\_N/A

IEP \_\_\_Yes \_\_\_Date \_\_\_N/A

1. Is this a repeated instance of restraint or seclusion, if so, an FBA shall be conducted

Has a Functional Behavioral Assessment (FBA) been initiated? \_\_\_Yes \_\_\_No

NOTE: Process for requesting additional help. (District should insert their specific process to direct teams in next steps for additional help)

1. Additional comments (if any)